SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cincinnati Children's Hospital
Medical Center LTD Plan
c/o Wilmington Trust Company
Attn.: Mr. David Young
Rodney Square North
1100 North Market Street
Wilmington, DE 19890-0455

1:12-cv-80 SAS Rule 4.2

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) MICHAEL SMITH C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ■ No

RODNEY SQUARE STA WILMINGTON DE 19801 JAN 30 2012 USPS

3. Service Type
■ Certified Mail ☐ Express Mail
☐ Registered ■ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7009 0080 0001 6714 1000

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540